

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6	1						56						
7		2					57						
8		6					58						
9		6					59						
10		2					60						
11		2					61						
12	1						62						
13	1						63						
14	1						64						
15		1					65						
16		1					66						
17		1					67						
18	1						68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23		6					73						
24		2					74						
25							75						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		10					TOTAL DEP.						
TOTAL CLAIMS	1						TOTAL CLAIMS						